

Please Return to:

STATE OF UTAH

Attention: Pat Redington
Prevailing Wage Specialist

DEPARTMENT OF WORKFORCE SERVICES
Salt Lake City, Utah

FAX TO: (801) 526-9789 or 526-9633
PHONE: (801) 526-9459

PREVAILING WAGE REQUEST FORM



1. Name of Alien _____
2. Name of Employer (Full name of organization) _____
3. Address Where Alien Will Work (including City, County and ZIP) _____

Nature of Employer's Business Activity	Name of Job Title	Total Hours Per Week	Work Schedule am pm	Basic Rate of Pay \$ _____ Per _____
Describe Fully the Job to be Performed (Duties)				

Number of Employees Alien Will Supervise _____ TITLE of Alien's Immediate Supervisor _____
Titles of Alien's Subordinates _____

STATE IN DETAIL THE **MINIMUM** EDUCATION, TRAINING, EXPERIENCE, & OTHER SPECIAL REQUIREMENTS NECESSARY TO PERFORM JOB DUTIES DESCRIBED ABOVE.

EDUCATION				TRAINING		
No. of Years of Education Required		Type of College Degree Required		Yrs.	Mos.	Type of Training
		Major Field of Study				
EXPERIENCE				Other Special Requirements		
In Job Offered		In Related Occupation**				
Yrs.	Mos.	Yrs.	Mos.			

Employer's Representative _____ Telephone () _____ FAX Number () _____
Address (Number, City, State, ZIP Code) _____

DEPARTMENTAL ACTION TO PROVIDE A WAGE DETERMINATION

The prevailing wage for job described above is: \$ _____

SOURCE: Davis Bacon Act Service Contract Act (SCA) Occupational Employment Statistics (OES)
Other: _____

Agency Official: _____ Date: _____

THIS WAGE RATE IS VALID FOR FILING APPLICATIONS AND ATTESTATIONS FOR 90 DAYS FROM THE DATE OF RESPONSE.